LELAP Checklist Reviewer (initials/date) \_\_\_\_\_



## **Request for Additional Scopes of Accreditation**

Department of Environmental Quality
Office of Environmental Services
Louisiana Environmental Laboratory Accreditation Program (LELAP)
P.O. Box 4313
Baton Rouge, LA 70802-4313
(225)219-3247

Lab/Stack Tester ID No.:
Agency Interest Number (Al No.):
EPA Lab ID:
Mobile Lab ID:

<u>Use this form</u>	n to request Matrix/Method/Analyte combinations
not found	l in the Scopes of Accreditation selection tables.
Contact Name:	Title:
Email :	Phone:
Will this Scope of Accreditation be use	ed for DEQ compliance purposes?
Requested Scope(s) of Accreditation:	
Matrix:	Discovery March Advance Biological Title (A)
Non-Potable Water, Solid C	Chemical Waste, Air, or Biological Tissue)
Method Name:	(Example: EPA 200.7)
Method NELAP Code:	(Example: 10014207)
Method Title of Description:	
Method Revision and/or Date, if know	
(Ex	cample: GC-FID, Ion Selective Electrode, etc.)
Test Categories:	
Analyte Name(s)	Analyte NELAP Code(s)

Use a separate form for each Method/Matrix combination
All requests will be evaluated by LELAP. Submission of request does not guarantee approval.

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